

Mar 14, 2018

Education Committee
CT

Dear Members of the Education Committee, Committee,

As an advocate with Food Allergy Research & Education, I am writing to you to voice my support of HB 5452. The bill addresses important concerns regarding the safety of students, including allowing school transportation personnel to intervene in an allergic emergency, having the state update current school food allergy guidelines, and putting policies in place to keep food allergic students safely participating in culinary programs.

My son was exposed to his allergen in the form of peanut butter, in his public school preschool classroom. Currently our town does not restrict any food from classrooms or the cafeteria. Too young to react properly, he cleaned himself and continued to play, scratching at his hives. He was placed on a school bus and luckily made it home where he told us what happened and got treatment. Things could have been worse, had he napped and sucked his thumb he would've died in his sleep because no one was aware of the danger he was just put in. Had his reaction worsened on the bus, the driver could only stop, radio for help and wait. Our school made strives after this incident to protect my son in his classroom, but our district has not changed its overall policy which allows all forms, most importantly, the spreadable allergens in class and the cafeteria. The teachers and bus drivers need education on recognizing allergic reactions and epi pen teaching. The class rooms need to be safe and inclusive to all children. If it is considered unexeceptable to inhibit a child with a different disability from participating in a school program the same due diligence and understanding should be given to those with life threatening allergies.

Food allergies are a serious and growing public health problem with no cure. Fifteen million Americans have food allergies, including nearly 6 million children. In Connecticut, up to 8 percent of children have a food allergy.

Connecticut is among the top five states for food anaphylactic food reactions and food allergy diagnosis insurance claims.

An allergic reaction can escalate to anaphylaxis within minutes and, if left untreated, may cause death. Food allergy is the most common cause of anaphylaxis, but insect stings, medications and latex are other triggers

Epinephrine is the first-line treatment for anaphylaxis. It is safe and simple to administer.

Only 30 percent of reporting districts require bus drivers to have training in anaphylaxis and administering epinephrine.

Current State Department of Education (CSDE) guidelines for students with food allergies were written in 2006, updated in 2012, and are out of date with current medical and legal standards of care. As an

example, CSDE guidelines do not acknowledge food allergies may be considered a disability under the ADA and Section 504 of the Rehabilitation Act of 1973.

For these reasons, I ask you to bring HB 5452 to a vote and vote YES.
Thank you.

Sincerely,

Mrs. Jamie Sposa
18 Jefferson Cir
Clinton, CT 06413-1518
(860) 664-9610
parij204@aol.com